UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES URSUANT TO REGULATION D, SECTION 4(6), AND/OR

75382					
OMB APPROVAL					
OMB Number: 3235-0076					
Expires:	May 31, 2005				
Estimated average burden hours per response16.00					
SEC	USE ONLY				
Prefix	Serial				
<u> </u>					
DATE RECEIVED					

ÍFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.) Note and Warrant Credit Facility Filing Under (Check box(es) that apply):

Rule 504 Rule 505 **Rule 506** Section 4(6) ☐ ULOE Type of Filing: New Filing A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer check if this is an amendment and name has changed, and indicate change.) 04009213 Ranch Networks, Inc. Telephone Number (Including Area Code) Address of Executive Offices (Number and Street, City, State, Zip Code) (732) 817-1900 Beaconhill Plaza, Suite 200, 65 Highway 34, Morganville, NJ 07751 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if Telephone Number (Including Area Code) different from Executive Offices) same **Brief Description of Business** computer/network technology Type of Business Organization orporation | limited partnership, already formed business trust limited partnership, to be formed other (please specify): Year Month Estimated Actual or Estimated Date of Incorporation or Organization: 0 5 0 0 Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State: CN for Canada; FN for other foreign jurisdiction) E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. (6/99)

		An Dark Carry Mari		لتعاد المستعدات		
2. Enter the information requested for the following:						
-	 Each promoter of the issuer, if the issuer has been organized within the past five years; 					
		vote or dispose, or direct the v		_	•	
	-	orate issuers and of corporate g	general and managing partners	of partnership issue	rs; and	
Each general and ma	anaging partner of part	nership issuers.		 		
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		□ Director	☐ General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Ayyakad, Ramnath						
Business or Residence Adda	ess (Number and St	reet, City, State, Zip Code)				
c/o Ranch Networks, Inc.,	•		Morganville, N.J 07751			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Sarin, Alexander	,					
Business or Residence Adda	ress (Number and St	reet City State 7in Code)				
c/o Ranch Networks, Inc.,	-	•	Marganvilla NI 07751			
		Beneficial Owner	Executive Officer	Director	C Commond and 4/20	
Check Box(es) that Apply:	Promoter	Benencial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Chinni, Venkata						
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)				
c/o Ranch Networks, Inc.,	Beaconhill Plaza, S	Suite 200, 65 Highway 34, 1	Morganville, NJ 07751			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Conrads, Robert						
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)				
c/o Sienna Ventures, 2330	•		065			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or	
D II N. A C	101 11 11				Managing Partner	
Full Name (Last name first,	if individual)					
Bonker, Virginia						
Business or Residence Addr	•	•				
c/o Blue Rock Capital, 230		e, Andover, NJ 07821	·			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or	
					Managing Partner	
Full Name (Last name first,	if individual)					
Blue Rock Capital, L.P.						
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)				
230 Lackawanna Drive, Andover, NJ 07821						
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if individual)						
Mid-Atlantic Venture Fund III, L.P.						
Business or Residence Addr		reet, City, State, Zin Code)		 		
125 Goodman Drive, Beth	•	,,, <u></u> ,				
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary)					

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 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer, Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 							
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, Sienna Limited Partnershi							
Business or Residence Addr 2330 Marinship Way, Suit	ess (Number and S	•					
Check Box(es) that Apply:	Promoter	Beneficial Owner		☐ Director	General and/or Managing Partner		
Full Name (Last name first, Allain, Brian	if individual)						
Business or Residence Addr c/o Ranch Networks, Inc.,	•						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Business or Residence Addr	ress (Number and S	treet, City, State, Zip Code)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Business or Residence Addr	ress (Number and S	treet, City, State, Zip Code)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first,	if individual)		~				
Business or Residence Addr	ress (Number and S	treet, City, State, Zip Code)					
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)							

BEAINTOILEANANON AND A GHARRING							
		Yes	No				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under							
2. What is the minimum investment that will be accepted from any individual?		\$	-0-				
. ,		Yes	No				
3. Does the offering permit joint ownership of a single unit?		☒					
4. Enter the information requested for each person who has been or will be paid or given, directly commission or similar remuneration for solicitation of purchasers in connection with sales of							
offering. If a person to be listed is an associated person or agent of a broker or dealer registered wi with a state or states, list the name of the broker or dealer. If more than five (5) persons to be list	ith the SEC and/or						
persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	sicu arc associateu						
Full Name (Last name first, if individual) NONE							
Business or Residence Address (Number and Street, City, State, Zip Code) n/a							
Name of Associated Broker or Dealer n/a							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
(Check "All States" or check individuals States)	••••••	🗆 /	All States				
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC]	[FL] [GA]	(HI)	[ID]				
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA]	[MI] [MN]	[MS]	[MO]				
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND]	[OH] [OK]	[OR]	[PA]				
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA]	[WV] [WI]	[WY]	[PR]				
Full Name (Last name first, if individual) n/a							
Business or Residence Address (Number and Street, City, State, Zip Code) n/a							
Name of Associated Broker or Dealer n/a							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
(Check "All States" or check individuals States)	••••••	🗆 /	All States				
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC]	[FL] [GA]	[HI]	[ID]				
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA]	[MI] [MN]	[MS]	[MO]				
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND]	[OH] [OK]	[OR]	[PA]				
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA]	[WV] [WI]	[WY]	[PR]				
Full Name (Last name first, if individual) n/a							
Business or Residence Address (Number and Street, City, State, Zip Code) n/a							
Name of Associated Broker or Dealer n/a							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
(Check "All States" or check individuals States)	🗆 A	All States					
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC]	[FL] [GA]	[HI]	[ID]				
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA]	[MI] [MN]	[MS]	[MO]				
	[OH] [OK]	[OR]	[PA]				
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA]	[WV] [WI]	[WY]	[PR]				

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold.			
	Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sqrt{\text{a}} \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	indicate in the columns ociow the amounts of the securities officed for exchange and areaty exchanged.	Aggregate	A	mount Already
	Type of Security	Offering Price		Sold
	Debt	\$ -0-	\$	-0-
	Equity	\$ -0-	 \$	-0-
	Common Preferred	\$	 \$	
	Convertible Securities (including warrants)	\$4,000,000.00	- -	,000,000.00
	Partnership Interests	\$ -0-	 \$	-0-
	Other (Specify)	\$ -0-	- -	-0-
	Total	\$4,000,000.00	- -	1,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		_ <u>-</u>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering			
	and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of			
	persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines Enter "0" if answer is "none" or "zero."	•		
	Lines of Landston is note of Sector			Aggregate
		Number	1	Dollar Amount
		Investors		of Purchase
	Accredited Investors	2	\$4	1,000,000.00
	Non-accredited Investors	0	_ \$	n/a
	Total (for filings under Rule 504 only)	n/a	_ \$	n/a
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities solo			
	by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	t		
	securities in this orienting. Classify securities by type fished in Fact C - Question 1.	Type of	1	Oollar Amount
	Type of Offering	Security	•	Sold
	Rule 505	n/a	_ \$	n/a
	Regulation A	n/a	_ \$	n/a
	Rule 504	n/a	_ \$_	n∕a
	Total	n/a	_ \$_	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may			
	be given as subject to future contingencies. If the amount of an expenditure is not known, furnish ar			
	estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		<u>\$</u>	0
	Printing and Engraving Costs		\$	00
	Legal Fees	\boxtimes	\$	25,000.00
	Accounting Fees		<u>\$</u>	0
	Engineering Fees		<u>\$</u>	0
	Sales Commissions (specify finders' fees separately)		\$	0
	Other Expenses (identify)		\$	0
	Total	⋈	\$	25,000.00

	C. OFFERING P	RICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	OCEED	3	
	total expenses furnished in response to P	gate offering price given in response to Part C - Question I as art C - Question 4.a. This difference is the "adjusted ground gr	SS		\$3,975,000.00
5.	of the purposes shown. If the amount for a	gross proceeds to the issuer used or proposed to be used for earny purpose is not known, furnish an estimate and check the be payments listed must equal the adjusted gross proceeds to the showe.	ЭX		÷
			Officers	ments to , Directors & ffiliates	Payments to Others
	Salaries and fees		□ \$_	0	\$ 0
	Purchase of real estate		□ \$_		S 0
	Purchase, rental or leasing and installation of	of machinery and equipment	S _		□ \$ <u>0</u>
	•	nd facilities	□ \$_		□ \$ 0
	Acquisition of other businesses (including t	he value of securities involved in this offering that may be used to ther issuer pursuant to a merger.)	! □ \$_	0	□ \$ <u>0</u>
		outer issuer pursuant to a merger.)	□ \$_		□ \$ 0
	• •			0	⋈ \$3,975,000.00
	- ·		~ ~_		2 , 50,5 (5,000)
			П.	0	
				0	⋈ \$3,975,000.00
		udded)	LJ Ψ		75,000.00
	Total Fayments Listed (Column totals a	iduca)		E7 92,7	7.5,000.00
		D. FEDERAL SIGNATURE	T		
si	gnature constitutes an undertaking by the iss	gned by the undersigned duly authorized person. If this notice ouer to furnish the U.S. Securities and Exchange Commission accredited investor pursuant to paragraph (b)(2) of Rule 502.	e is filed n, upon v	under Rule : vritten reque	505, the following st of its staff, the
	suer (Print or Type)	Signature S		Date	
R	anch Networks, Inc.			2-19.	- 2004
N R	ame of Signer (Print or Type) amnath Ayyakad	Title or Signer (Print or Type) Chief Executive Officer			
		ATTENTION			
)	Intentional misstatements		. 10 TTC	C 1001)	